



AFTER SCHOOL & SUMMER PROGRAMS

APPLICATION

(T) (W) (E) (G) (V)

School: _____ Ph: _____ Time Out: _____

Teacher: _____ Ph: _____ Driver: _____ Ph: _____

Student Information

☐ AFTER SCHOOL

☐ SUMMER.

Full Name: _____ (the "minor").

☐ Male ☐ Female

Birth Date: _____

Age: _____

Address: _____

After Care Days and Hours : From _____ To _____ M - T - W - Th - F - Sa - Su

Home Phone: _____ e-mail: _____

Name of Insurance Company: _____ Policy No.: _____

Parent / Guardian Information

Mother Name: _____

Father Name: _____

Address: _____

Address: _____

Phone 1: _____ Phone 2: _____

Phone 1: _____ Phone 2: _____

Employer: _____

Employer: _____

E-mail Address: _____

E-mail Address: _____

Emergency Contact: _____

Emergency Contact: _____

Medical Information:

Doctor _____ Address: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Please List Allergies or Especial Medical Condition: _____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work #	Home #
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Name	Address	Work #	Home #
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Name	Address	Work #	Home #
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Welcome to My Camp Tutoring - Summer Program, please read carefully the terms and conditions before registering for the program. Participation in a My Camp, After School-Summer Program indicates that you accept these terms and conditions. If you do not accept these terms and conditions, please do not register for My Camp After-Summer Program.

I have read this document, and I accept the terms and conditions constitutes agreement of the policies. I understand that i will give up substantial rights by signing it, and sign voluntarily.

Parent/Guardian

PRINTED NAMES

SIGNATURES

DATE

SUMMER CAMP WEEKS

<input type="checkbox"/>	Session 01:	Month	June	06	to	10
<input type="checkbox"/>	Session 02:	Month	June	13	to	17
<input type="checkbox"/>	Session 03:	Month	June	20	to	24
<input type="checkbox"/>	Session 04:	Month	July	27	to	01
<input type="checkbox"/>	Session 05:	Month	July	05	to	08
<input type="checkbox"/>	Session 06:	Month	July	11	to	15
<input type="checkbox"/>	Session 07:	Month	July	18	to	22
<input type="checkbox"/>	Session 08:	Month	July	25	to	29
<input type="checkbox"/>	Session 09:	Month	August	01	to	05
<input type="checkbox"/>	Session 10:	Month	August	08	to	12
<input type="checkbox"/>	Session 11:	Month	August	15	to	19

WEEKS PAYMENTS

Date	Description	Quantity	Unit Price	Subtotal
	Week #		\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL				\$

LUNCH PAYMENTS

Date	Description	Quantity	Unit Price	Subtotal
	Week #		\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL				\$

